

**H.B. 843 Kentucky Commission on Services and Supports for Individuals
With Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis
June 22, 2005
Capitol Annex Room 149
Frankfort, Kentucky**

Commission Members Present: Representative Mary Lou Marzian, Secretary James Holsinger, Pat Wear, Steve Shannon, John Rees, Shannon Turner, Representative Charlie Siler, Senator Charlie Borders, Senator Johnny Ray Turner, Senator Dan Kelly, Representative Bob Damron, Andrew Dorton, Jan Poe, Rickie Dublin, Robin Ritter, Bernie Block, Bob Hicks, Bill Cooper, Davey King, Sara Wilding, and Karyn Hascal.

WELCOME

- Co-Chair Secretary Holsinger called the meeting to order and made brief introductory remarks.
- Representative Marzian welcomed everyone and stressed that there was a lot of work to be done in preparation of the 2006 General Assembly. Representative Marzian asked for a motion to approve the minutes from the December Meeting. Bill Cooper made the motion and John Rees seconded, Commission members approved.
- Secretary Holsinger discussed the renomination/reappointment process outlined in statute for the appointed members of the Commission. The appointed members are currently serving a consecutive two year term but those terms will expire July 1, 2006.
 - KARP will submit a list of (5) chairpersons to be considered for the RPC Chair vacancy.
 - Consumer Advocacy Organizations operating within Kentucky will submit a list of up to (3) names for the Consumer vacancy.
 - Family Advocacy Organizations will submit a list of up to (3) names for the Family Member vacancy.
- Secretary Holsinger also mentioned that with the merging of the Cabinet for Health Services and Cabinet for Families and Children that a new seat be added to the Commission Membership as a representative for DCBS.
- Representative Marzian discussed the Regional Planning Council reports that are due to the Commission by July 1 of each odd numbered year. These reports will be included in the Commission's report due to the Governor and General Assembly on October 1, 2005. Regional Planning Councils will be invited to be on the agenda for a future Commission Meeting, possibly in early January during the Legislative Session to present their regional concerns and needs to the Commission. Co-Chair Marzian stated that the Regional Planning Council's need to be thinking of ways that the HB843 Commission can support their ongoing efforts?
 - The RPC's need to submit an updated report to meet the reporting requirement date of September 1, 2005.

Issues Identified in Serving Transition Age Youth

Fawn Conley – Department for Community Based Services

Fawn Conley gave an overview of services provided by DCBS youth transitioning from children's services to adult services. DCBS allocates approximately \$2.5M dollars annually to serve this population up to the age of 21.

Fawn outlined The Chafee Independence Program, a federally funded program designed to teach children and youth in out-of-home care and youth formerly in care the skills that will enable them to be self-sufficient after they are released from care. The Chafee Independence Program mandates that all children 12 and over in care receive independent living services.

These services are provided by:

- Ten regional Independent Living Coordinators
- One Quality Central Specialist
- Private Child Care Contractors

Programs coordinated through the Chafee Independence Program are:

- Education/Training Vouchers – up to \$5,000 per youth per year to be used for expenses directly connected to educational or vocational training.
- Tuition Assistance – provided for youth from age 18-21 who extend their commitment with the Cabinet for Families and Children for educational purposes are eligible for tuition assistance. Tuition assistance is paid from state general funds and can be used for expenses not covered by federal financial assistance.
- The Kentucky Tuition Waiver for Foster and Adopted Children – waives tuition and mandatory fees at any Kentucky public university, technical or community college.

Representative Marzian asked if these programs could be expanded who would they be expanded to?

Fawn replied that due to federal legislation some of these programs are limited to kids in foster care. There are always kids on the waiting lists due to lack of funding.

Murray Wood asked what the number of children in foster care is at any one given time?

Fawn stated that there are approximately 6500 kids in foster care, 600 of these children turn 18 each year and approximately 200 of them will utilize these services. The Room and Board Program served 167 children last year. We don't have statistics on how many of these children continue with a case manager. The children have six months to re-enter the system if they chose to opt out at age 18.

Interagency Transition Core Team

Michele Blevins – DMHMRS

Beth Harrison – IHDI/KDE

Brad Mills – Office of Vocational Rehabilitation

Michele Blevins gave an overview of the purpose and goals of the Interagency Transition Core Team. The core team centers their attention on children ranging from age 14-21 with disabilities across all disability groups. (i.e. physical and mental, deaf/blind, learning disabilities, etc.) The goal of the core team is to collaborate with other agencies who provide services to these age groups in order to assist them in the transition from the Children's Service System (Public School, foster care; benefits that are generally entitlement programs) to Adult Life (independent living, work, pursuing post secondary education/vocational training; benefits that are now based on eligibility).

Some of the services provided through various agencies are: vocational training, housing, and counseling. Since 1989 there has been a Kentucky Interagency Transition Council for Persons with Disabilities, with participation from 15 agencies.

In addition, there is also an Advisory Council, primarily made up of individuals with disabilities and parent/family members of these individuals.

Both of these groups have continually sought to share information among partner agencies, increase awareness and advocate for the needs of individuals with disabilities as they move from school to work/community that will allow for an easier transition.

Kentucky required transition planning beginning at age 14 prior to federal mandate to do so. Kentucky also has an Interagency Transition Council to foster the collaboration we all know is so critical for successful transition.

While these are positive steps in focusing on this issue our state ranks 49th nationally in funding of community services for adults with disabilities. We spend 50% less on community services than the average state and 14% less than most other southern states. We have 2,550 people on the waiting list for Supports for Community Living and 2,600 people on the waiting list for Supported Employment. Seventy-five percent of our adults with disabilities are unemployed and 70% of those employed are employed in segregated settings.

Beth Harrison – IHDI/KDE

The Department of Education has the mandate to develop transition plans for students with disabilities. The Human Development Institute at the University of Kentucky is identifying some of the issues facing Kentucky in relation to transition. Throughout this process Collaboration was the central theme running through all of the issues that were identified. They began by identifying all the agencies involved in transitioning and brought together the key players of the identified agencies to form a core group. The next task was to identify those counterparts at the regional level. The Special Cooperatives structure was chosen as the model for the regional structure. Money has been allocated to these coops in order to assist them in obtaining their goals. This brought individuals together from the same region to discuss their particular needs. A needs assessment was conducted and we found there was little collaboration going on between the community agencies who deal with this population. We have developed 11 interagency teams across the state that we are nurturing to impact transitional needs in their regions.

The Department of Education, Division of Exceptional Children also has a state improvement federal grant to assist with this initiative along with fiscal allocation to the Special Education Coops for a point person in each region. The point person is then able to provide technical assistance and guidance.

Last week we attended the 2005 Transitional Summit where 46 states were represented. We discussed with other stakeholders from other states what we had accomplished in the last two years and what else it was going to take to continue our efforts. We presented our work in a national forum.

Commissioner Wear asked whether there was any evaluation component built into your current work?

Beth stated that yes there is an evaluation component and that is another role that she is playing. We know within each region the needs of that region, how those needs vary from region to region and how we can target those needs specifically to each region.

Representative Marzian asked if they were following a specific child through the system?

Beth responded that currently no specific child is being followed in Kentucky but we are looking for ways to do that.

Brad Mills – Vocational Rehabilitation

Brad gave an overview of the role of Voc Rehab. According to statute, no later than the age of 16 Vocational Rehab is involved in helping the student plan for employment upon graduation. Services are coordinated with education to determine what those students may need.

Voc Rehab is responsible for services that include; child placement, access to rehabilitation technology, community based training, among others. Other agencies may also be assisting with some of these same services. The collaboration has linked people from each agency to make sure these various needs are being met.'

Bernie Block asked whether it had been observed that transition services were comparable for mental health related issues as with other disabilities?

Beth Harrison responded that based on data the groups that are fairing the best are students with visual, hearing and mental retardation disabilities. Students who fair the worst are students with mental health disorders, based on current studies they are not doing as well.

Bernie Block asked if that was due to a lack of services being available to this population?

Beth said that is was a combination of many issues including legislation and also advocacy.

Bernie asked what if anything could the HB843 Commission do to improve these issues?

Beth suggested they work together along with all the existing commissions that are looking at these transition issues. If we can somehow see that we are working on parallel tracks to bring about the best services available.

Commissioner Wear said that the adhoc committee that was supposed to be formed between the HB144 Commission and HB843 Commission to address these transitioning needs as stated in HB 322 should be developed.

❖ *See meeting handouts for additional information.*

Homeless Prevention Project

Sheila Schuster on behalf of Marlene Gordon

Sheila discussed the bipartisan effort that took place in 2005 to put \$100,000 into the budget to fund pilot program that track some of the foster care population. Next year there should be data that will identify some of the services that are needed for this population. Sheila suggested that the Regional Planning Council's may want to take a look at what they have identified in their regions as needs for transitional age children.

SJR 94 Expanding Community Based Services

Commissioner Wear, DMHMRS

Senate Joint Resolution 94 was developed after a year of work within the department researching and reviewing Evidence Based Practices. We requested Senator Borders assistance in getting the legislature's endorsement for Best Practices in creating this resolution. Currently we have staff traveling the state meeting with the regions finding out what they have identified as Best Practices and how the department can assist them in developing those practices. The Mental Health Institute will feature a nomination for an award honoring someone for Best Practices. Commissioner Wear also reminded everyone that the Kentucky School is July 17 – 22 held at Northern Kentucky University.

Senator Borders stated that the collaboration between the department and legislature in bringing about SJR 94 exemplifies what the HB843 Commission is all about. He commended everyone for trying to bring together the stakeholders through out the state to work toward improving these situations and even though inroads have been made we are striving to work together to improve these services.

Access to Medications and Medicare Part D

Commissioner Shannon Turner, Medicaid

Commissioner Turner said that Medicaid is waiting for additional information from CMS pertaining to the psychotropic medications for the dual eligible population. There are certain injectible medications that are covered under Medicare Part B. We will be reviewing the way the federal government covers Medicare Part D and deterring whether it will mean additional costs for Medicaid. Commissioner Turner stated that Medicaid will lose access to the data for dual eligible's who are having their prescriptions covered under Medicare Part D. No determination has been made yet as to who will be providing the Part D coverage. As soon as that is determined Shannon stated that she would like to get the information to the various Commissions so they can disseminate the information appropriately. There has been some concern that not everyone who needs this assistance will enroll. As soon as the providers are chosen who will be providing these plans we will get the information to everyone for their assistance in making sure everyone enrolls.

Shannon also discussed the recent decisions made by CMS relating to the Kentucky Medicaid Program. The request for a waiver to implement a provider tax for PRPF's and CMHC's as directed by HB 461 was denied. They have also denied several previously approved IGT's (Intergovernmental Transfers) for both University of Kentucky, University of Louisville twelve county owned hospitals and two county owned nursing facilities. The IGT denial will cost Medicaid just under 105 million dollars over the next five years.

Secretary Holsinger responded that members of the legislators present remember when we developed the state pharmacy assistance program for dual eligible's. We will now lose the capability to track the prescriptions being filled by this population. We are unclear on whether the new program will be in place by January 2006 to continue the continuity of care. Medicaid will fill prescriptions as late as 12-1-05 so people can begin the year with a supply of their maintenance drugs. The current Medicaid Program is unsustainable. We will be looking at a variety of ideas that we think are potential actions we could take to assist this population. Secretary Holsinger said that the Cabinet for Health Services will be conducting forums throughout the state to obtain feedback. We will have the information compiled to present to the legislature in September and October of this year on how we might plug this gap. We are open to suggestions and opportunities that might make a difference in the state financially.

Rickie Dublin posed the question, how are you going to take a person's medications and then tell them they can't stay in the hospital? Wouldn't it be more cost effective to keep the individuals on their medications?

Commissioner Turner stated that a State Pharmacy Assistance Program we created to deal with this issue but CMS didn't favor this option.

Murray Wood asked whether there will be a formulary for Medicare Part D and if a person is on a drug that is not on this formulary who will cover this – Medicaid?

Commissioner Turner said they are still waiting for the Federal Government to decide on this issue.

HB843 Public Education Workgroup

Carol Carrithers

Carol Carrithers presented the Media Guide that was created by the Public Education Workgroup. The media guides were distributed to Commission members in late winter. Carol stated that the workgroup is continuing to work on relevant issues and is also collaborating with the suicide prevention group to disseminate information.

Secretary Holsinger thanked Carol and the workgroup for their continued efforts and for developing such a valuable guide.

Kentucky Suicide Prevention Planning Group

Connie Milligan

Connie Milligan presented and distributed the Kentucky Suicide Planning Group's Annual Report. In accordance with SJR 148 (2004, General Assembly) the annual reports are due to the Commission by July 1, 2005. The Commission shall include recommendations related to suicide prevention in its 2005 Annual Report to the Governor and General Assembly. Connie stated that the group now has 150 active members and they are moving their efforts into the community to continue to promote suicide prevention. They have distributed 4000 information packets across the state this year and have been collaborating with the universities. The Suicide Prevention Conference will be held September 6, 2005 at the Galt House in Louisville.

❖ *See meeting handouts for additional information.*

Next Meeting/Next Steps

Representative Marzian stated that the Commission will meet again in the fall. There will also be a meeting during the General Assembly that the Regional Planning Councils will be asked to present the needs in their regions. Exact dates have yet to be determined but will be forthcoming. Representative Marzian also announced that the Mental Health Institute will be held at the Galt House in Louisville, September 28, 2005.

Bernie Block recommended that the next meeting include a presentation from Bluegrass CMHC to discuss their plans for a new hospital.

Secretary Holsinger responded that it would be appropriate for the commission to review and approve the plan for a new hospital. They have asked the Attorney General's office if they can move forward on obtaining an RFP and are waiting for the response.

Bernie Block shared his concern on the discrepancies in the data distributed from NAMI national that refers to the percentage of individuals in the United States who suffer from some kind of mental illness. Bernie said that NAMI Louisville has requested an accurate account from NAMI national.

Commissioner Wear asked Bernie to share with DMHSA the numbers they get back from NAMI.

With no further business, the meeting was adjourned.

